	in this information to identify your cas	se:								
	otor 1 Kelly T Lee				_					
	otor 2 Regina E Lee	e			_					
Uni	ted States Bankruptcy Court for the:	DISTRICT OF UTAH,	SALT LAKE CITY [DIVISION						
Cas	se number 22-21603					 Che	eck if this is	:		
(If kr	nown)		-				An amende	ed filing		
							A supplement income as		g postpetition oving date:	chapter 13
0	fficial Form 106I						MM / DD/ `	YYYY		
S	chedule I: Your Inco	me								12/1
atta	use. If you are separated and your ch a separate sheet to this form. On the control of the contr									
١.	information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than one job,	Employment status*	■ Employed				☐ Empl	oyed		
	attach a separate page with information about additional employers.		☐ Not employed				■ Not e	employed		
	Include part-time, seasonal, or	Occupation	See Schedule	Attache	<u>d</u>					
	self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed th		ttachment	for	Additio	nal Emplo	yment Info	rmation	
Pai	t 2: Give Details About Mont	thly Income								
	mate monthly income as of the dat ss you are separated.	e you file this form. If y	ou have nothing to re	eport for an	y line	e, write	\$0 in the sp	ace. Includ	e your non-filir	ng spouse
	u or your non-filing spouse have more ce, attach a separate sheet to this form		oine the information	for all empl	oyer	for tha	it person on	the lines b	elow. If you ne	ed more
						For D	ebtor 1		btor 2 or ng spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca	,	, ,	2.	\$		5,236.74	\$	0.00	
3.	Estimate and list monthly overting	me pay.		3.	+\$		62.26	+\$	0.00	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$	5,2	299.00	\$	0.00	

	otor 1 otor 2	Lee, Kelly T & Lee, Regina E		Case	number (<i>if known</i>)	22-216	03	
					Debtor 1	non-fili	btor 2 or ing spouse	
	Copy	y line 4 here	4.	\$_	5,299.00	\$	0.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	865.62	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$_	289.95	\$	0.00	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.+	\$_ \$	0.00	+ \$	0.00	
^		· • ———————————————————————————————————		· —		· · · · · · ·	0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <u> </u>	1,155.57	\$	0.00	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ _	4,143.43	\$	0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		.		.		
	8d.	settlement, and property settlement. Unemployment compensation	8c. 8d.	\$_ \$	0.00	\$	0.00	
	8e.	Social Security	8e.	^Ψ –	0.00	\$	913.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	— 8g.	\$_	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	913.00	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$,	4,143.43 + \$	913	3.00 = \$ 5,0	56.43
11.	Inclu other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your differends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not avoify:	ependen		•		<i>J</i> . 11. + \$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain					Combined	56.43
13.	Do v	ou expect an increase or decrease within the year after you file this form	?				monthly inc	ome
	.	No.						
		Yes. Explain:						

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Debtor 1 Debtor 2 Lee, Kelly T & Lee, Regina E	Case number (if known)	22-21603
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Official Form B 6I Attachment for Additional Employment Information

Debtor			
Occupation	SUPERVISOR		
Name of Employer	AMC		
How long employed	2 months		
Address of Employer			
Debtor			
Occupation	RETIRED		
Name of Employer	WSU		
How long employed			
Address of Employer	<u> </u>	·	

Official Form 106l Schedule I: Your Income page 3

Fill	in this inform	ation to identify yo	ur case:					
Deb	tor 1	Kelly T Lee					k if this is:	
Deb	tor 2	Decine E Le	_			_	An amended filing	ing postpetition chapter 13
	ouse, if filing)	Regina E Le	е				expenses as of the	
Unit	ed States Ban	kruptcy Court for the:	DISTRI	CT OF UTAH, SALT LAKE ON	CITY	-	MM / DD / YYYY	
	e number	22-21603						
Of	fficial F	orm 106J						
So	chedule	J: Your E	Expen	ses				12/1
info	ormation. If r		eded, attac on.	If two married people are th another sheet to this fo				
1.	Is this a jo		iloid					
	☐ No. Go	to line 2.						
	Yes. Do	es Debtor 2 live in	n a separa	te household?				
			st file Offici	al Form 106J-2, <i>Expenses f</i>	or Separate Househo	oldof Debtor	2.	
2.	Do you ha	ve dependents?	■ No					
	Do not list l Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not stat							□ No □ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
2	Do vour o	rnancas inaluda	_					☐ Yes
3.	expenses	spenses include of people other th nd your depender	ıan ┌	No Yes				
exp	imate your e	a date after the b	ur bankru	y Expenses ptcy filing date unless yo is filed. If this is a supple				
valu		ssistance and hav		overnment assistance if yed it on Schedule I: Your I			Your exp	enses
4.		or home ownersh nd any rent for the		ses for your residence. Ind	clude first mortgage	4. \$		1,771.40
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		erty, homeowner's,	or renter's	insurance		4a. \$ 4b. \$		0.00
		e maintenance, re				4c. \$		150.00
_		eowner's associati			a and the trans	4d. \$		0.00
5.	Additional	mortgage payme	nts for yo	ur residence, such as hom	e equity loans	5. \$		103.00

	Lee, Kelly	T & Lee, Regina E	Case number (if known	22-21603
5. U	Itilities:			
6	a. Electricity, he	eat, natural gas	6a. \$	3 <mark>50.00</mark>
6	b. Water, sewe	er, garbage collection	6b. \$	100.00
6	c. Telephone, o	cell phone, Internet, satellite, and cable services	6c. \$	0.00
6	d. Other. Speci	ify: CELL PHONE	6d. \$	200.00
	INTERNET	Г	\$	65.00
	CABLE		<u> </u>	150.00
F	ood and houseke	eeping supplies	7. \$	727.03
C	hildcare and chi	Idren's education costs	8. \$	0.00
C	lothing, laundry,	, and dry cleaning	9. \$	150.00
P	ersonal care pro	ducts and services	10. \$	150.00
. N	ledical and denta	al expenses	11. \$	120.00
. т	ransportation. In	nclude gas, maintenance, bus or train fare.		
	o not include car		12. \$	400.00
		ubs, recreation, newspapers, magazines, and books	13. \$	150.00
. C	haritable contrib	outions and religious donations	14. \$	0.00
	nsurance.			
		urance deducted from your pay or included in lines 4 or 20.	45- 0	
	5a. Life insuranc		15a. \$	0.00
-	5b. Health insura		15b. \$	0.00
	5c. Vehicle insur		15c. \$	150.00
	5d. Other insura		15d. \$	0.00
	axes. Do not incluspecify:	ude taxes deducted from your pay or included in lines 4 or 20.	16. \$	0.00
. Ir	nstallment or leas	se payments:		
1	7a. Car payment	ts for Vehicle 1	17a. \$	0.00
1	7b. Car payment	ts for Vehicle 2	17b. \$	0.00
1	7c. Other. Speci	ify:	17c. \$	0.00
1	7d. Other. Speci	ify:	17d. \$	0.00
. Y	our payments of	f alimony, maintenance, and support that you did not repor	rt as	0.00
		our pay on line 5, Schedule I, Your Income (Official Form 100		0.00
		ou make to support others who do not live with you.	\$	0.00
	Specify:		19.	
		ty expenses not included in lines 4 or 5 of this form or on S		
	0a. Mortgages or		20a. \$	0.00
	0b. Real estate to		20b. \$	0.00
		meowner's, or renter's insurance	20c. \$	0.00
		e, repair, and upkeep expenses	20d. \$	0.00
		s association or condominium dues	20e. \$	0.00
C	Other: Specify:		21+\$	0.00
c	alculate your mo	onthly expenses		
	2a. Add lines 4 th		\$	4.736.43
		(monthly expenses for Debtor 2), if any, from Official Form 106.		4,700.40
				4 700 40
2	zc. Add iirie zza a	and 22b. The result is your monthly expenses.	\$	4,736.43
. c	alculate your mo	onthly net income.		
2	3a. Copy line 12	2 (your combined monthly income) from Schedule I.	23a. \$	5,056.43
2	3b. Copy your m	nonthly expenses from line 22c above.	23b\$	4,736.43
		. ,	·	.,
	3c Subtract you	ir monthly expenses from your monthly income.		222 22
2	oc. Subtract you	your monthly net income.	23c. \$	320.00